

POSITION INITIALS ID NO. DATE

**FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW**

INDEX OF CLAIMS

<input checked="" type="checkbox"/>	Rejected	N	Non-elected
<input type="checkbox"/>	Allowed	I	Interference
<input type="checkbox"/>	(Through numeral)	Canceled	Appeal
<input type="checkbox"/>	Restricted	Objected

Claim	Date
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Claim	Date
Final	
Original	
51	1/17/00
52	1/17/00
53	1/17/00
54	1/17/00
55	1/17/00
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100	1/17/00

Claim	Date
Final	
Original	
101	✓
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109	✓
110	✓
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If more than 150 claims or 10 actions
staple additional sheet here

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